Revised December 1974

PRINT OR TYPE

Pick up Address:

Type of Process which Produced Westes:

Check type of wastes:

3. Pesticides

5. Solvent

Other (Specify)

organics (list), cyanide)

Components:

Bulk Volume

Containers:

applicable).

Physical State:

4. Paint sludge

1. Acid solution

2. Alkaline solution

6. Tetraethyl lead sludge

7. Chemical toilet wastes

8 Tank bottom sediment

9. 🗌 Oil

10. Drilling mud

☐ toxic

[] flammable

☐ tons

A liquid

PRODUCER OF WASTE (Must be filled by producer)

DESCRIPTION OF WASTE (Must be filled by producer)

(Examples: Hydrochloric acid, lime, caustic soda,

none

phenolics, solvents (list), metals (list).

Hazardous Properties of Waste:

Special Handling Instructions (if any):

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

TE WATER RESOURCES CONTROL BOARD

SFUND RECORDS CTR STATE DEPARTMENT OF HEALTH 999000856 HAULER OF WASTE (Must be filled by hauler) ASBURY OIL CO. 13419 Halldale Ave. Gardena California 90249 CODE NO Phone: (213) 321-1392 Telephone Number: (\$\infty) \(\sigma \lambda / \lambda / \lambda \) P.O. or Contract No.: State Liquid Waste Hauler's Registration No. (if applicable) No of Loads or Trips: CODE NO. barrels. 

flatbed. 

other (Examples: metal plating, equipment cleaning, oil drilling vacuum truck Vahicla: wastewater treatment, pickling bath, petroleum refining The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. 11. Contaminated soil and sand SIGNATURE OF AUTHORIZED AGENT AND TITLE DISPOSER OF WASTE (Must be filled by GUED HID USTRIES, INC 12. Cannery waste 13 | Latex weste 14. Mud and water 15. 🗌 Brine Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements. State Department of Health requistions, and CODE NO local restrictions Concentration: Upper Lower ppm Quantity measured at site (if applicable): Handling Method(s): ☐ recovery treatment (specify) (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading limited injection well ather (specify) CODE NO If waste is held for disposal elsewhere specify final location Disposal Date: I certify (or declare) under benalty of periur that the foregoing is true and correct. Corrosive axplosive SIGNATURE OF AUTHORIZED AGENT AND TITLE harrels 42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. sludge The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. SIGNATURE OF AUTHORIZED AGENT AND TITLE D.O.T. Proper Shipping Name